## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450
(571)-273-2885

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where

appropriate. All further indicated unless correct maintenance fee notifica	ed below or directed oth	ng the Patent, advance of herwise in Block I, by (a	a) specifying a new cor	respondence address	; and/or	(b) indicating a sepa	rate "FEE ADDRESS" for
CURRENT CORRESPOND	Fo	Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.					
NXP, B.V. NXP INTELLE M/S41-SJ	I S ac tr	Certificate of Mailing or Transmission  I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.					
1109 MCKAY DRIVE SAN JOSE, CA 95131				(Depositor's name)			
oratiood, ex	)3131						(Signature)
			L				(Date)
APPLICATION NO.	FILING DATE		FIRST NAMED INVENTO	TOR ATTORNEY DOCKET NO.		NEY DOCKET NO.	CONFIRMATION NO.
10/518,736 FITLE OF INVENTION	12/16/2004 : CONDUCTIVE SPAC	Antoni ERS EXTENDED FLOA	ius Maria Petru Johannes ATING GATES	Hendriks	N	L02 0528 US	1311
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DU	E PREV. PAID ISSU	E FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1440	\$300	\$0	<u> </u>	\$1740	08/22/2008
EXAMINER		ART UNIT	CLASS-SUBCLASS				
SCHILLINGER, LAURA M		2813	438-257000	_			
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).  Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  The Address form PTO/SB/122) attached.  The Address indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.  ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)  PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.  (B) RESIDENCE: (CITY and STATE OR COUNTRY)							
Please check the appropriate. The following fee(s):		categories (will not be pr		Individual Co	orporation		up entity Government
	To small entity discount p		A check is enclosed  Payment by credit of  The Director is here overpayment, to De	ard. Form PTO-2038	is attacl	hed. quired fee(s), any def (enclose an	iciency, or credit any extra copy of this form).
a. Applicant claim	tus (from status indicated s SMALL ENTITY statu	is. See 37 CFR 1.27.	b. Applicant is no lo				
NOTE: The Issue Fee and nierest as shown by the i	d Publication Fee (if requeecords of the United Sta	uired) will not be accepted tes Patent and Trademark	d from anyone other than Office.	the applicant; a regi	stered at	torney or agent; or the	e assignee or other party in
Authorized Signature Typed or printed name	Votax	Jawilla	'Ki	Date	27 10	-MAY-200 1/3,305	08
ubmitting the completed	l application form to the ons for reducing this bui irginia 22313-1450. DC	USPTO. Time will vary	depending upon the ind	ividual case. Anv co	mments	on the amount of tim	by the USPTO to process) gathering, preparing, and the you require to complete thment of Commerce, P.O. or Patents, P.O. Box 1450,

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.